

Mental Health Transformation Kick-off
October 18-19, 2005
Superintendents and Medical Directors of State Operated Facilities

The following information consists of the notes that were taken during the State Operated Facility Break Out Session of the Division of Mental Health and Addiction Kick Off Conference held on October 18 and 19.

Those in attendance for this particular break out session were the Superintendent and Medical Director of each of the six State Operated Facilities, which are: Evansville State Hospital; Evansville Psychiatric Children's Center; Larue D. Carter Memorial Hospital; Logansport State Hospital; Madison State Hospital; and Richmond State Hospital.

Medical Staff and Recovery

Hotel California is closed

(You can check out, but you can never leave...)

General thoughts re recovery:

- Consumer-centered system
- Maximize function, minimize symptoms
 - Treatment plans are strength-based
- Consumer is active participant
 - Treaters are not controlling
- Recovery is possible!
- Based on consumer's definition of recovery
- Recovery must be a continuum between hospitals and community

General thoughts re physicians:

- Families see MD's as very important
- Somewhat different way of thinking
- Reaction to recovery may depend on time in practice
- All MD's should participate in training
- MD's should orchestrate treatment (not control all aspects of it)
- Not as major a role in treatment - will this be uncomfortable for some?
- More involvement with team will be needed
- MD's often have a leadership role

General thoughts re hospitals and recovery:

- Other specialties just as involved/important to recovery
- All politics is local
- Formerly competent staff may not be competent in recovery model
- Hospitals have legitimate control issues
 - Safety and security
 - Balance with recovery model
- Consumers bear some responsibility for their behavior
- There is a continuum of decision-making
 - Moving target

- Forensic patients are not all the same!
 - Perceived as all the same in some ways
- Public perception/stigma
 - Staff are community members, too
- WRAP training
 - Who's in control?
- Are patients assigned to groups, or do they really choose? (this varies from hospital to hospital and from unit to unit)
- Consumers need skill to participate in making treatment decisions
- Consumer frustration over D/C delays
- Lack of common terminology/services between hospital and community
- Major culture change for some staff, both in hospital and community (some family, too!)
 - "Safety net"
- Do we teach people to live in community, or state hospital?

Recovery

Summary Points

1. Recovery is possible
2. Community - hospital continuum
 - Meetings between them would be very useful
3. Patient care is a partnership
4. Culture change to new model can be difficult
5. All staff must be involved
 - Training must be persistent